

Project Name_____

Bldg. ID No.: AR-__ /__ -__ -__ -__

REPORT FOR CALENDAR YEAR ENDING 12/31/2005

Project **Street address**_____

ADFA-assigned BINs must be listed to satisfy compliance!

County_____

Min. set-aside: **20/50** OR **40/60** (circle one)

city, state, zip

Date Bldg. Placed in Service____/____/____

Allocation Year _____

Total # Units in Bldg._____

Total # LIHTC Units in Bldg._____

Project Owner_____

Management Company_____

Form Prepared by_____

Phone ()_____

Fax ()_____

E-mail _____

(1) Unit No.	(2) # of Bedrms	(3) Sq Foot age	(4) Tenant Name Last, First, MI	(5) Total # in House hold	(6) Move-in Date	(7) Gross Annual Income at Move-in	(8) Qual. Income 30%; 50%; 60%	(9) LIHTC Max. Income for Hsehld size At move-in	(10) Household income Less than Max? Y/N	(11) Recert. Date	(12) Recert. Income Amount	(13) Increase less than 140%? Y/N	(14) Mo. Tenant Portion of Rent	(15) Mo. Utility Allwnc	(16) Mo. Subsidy amount	(17) Gross Monthly Rent (14+15+16)	(18) Max. LIHTC rent allowed	(19) Source of subsidy	(20) Move-out Date